SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS . AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. OEP. IND. DEP. DEP. DEP. TOTAL IND. <u>,</u> TOTAL IND. **–**1 TOTAL DEP. TOTAL DEP. TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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